

**AGREEMENT FOR PARTICIPATION  
IN THE ILLINOIS MEDICAL ASSISTANCE PROGRAM**

**WHEREAS,** \_\_\_\_\_  
Full Legal as well as any Assumed (d.b.a.) name,  
\_\_\_\_\_  
(IDPA Provider Number, if applicable) hereinafter referred to as ("the Provider") is enrolled with the Illinois Department of Public Aid hereinafter referred to as ("the Department") as an eligible provider in the Medical Assistance Program; and

**WHEREAS,** the Provider wishes to submit claims for services rendered to eligible Public Aid clients;

**NOW THEREFORE,** the Parties agree as follows:

1. The Provider agrees, on a continuing basis, to comply with all current and future program policy and billing provisions as set forth in the applicable Department of Public Aid Medical Assistance Program rules and handbooks.
2. The Provider agrees, on a continuing basis, to comply with applicable licensing standards as contained in State laws or regulations. Hospitals are further required to be certified for participation in the Medicare Program (Title XVIII) or, if not eligible for or subject to Medicare certification, must be accredited by the Joint Commission on the Accreditation of Healthcare Organizations.
3. The Provider agrees, on a continuing basis, to comply with Federal standards specified in Title XIX and XXI of the Social Security Act and with all other applicable Federal and State laws and regulations.
4. The Provider agrees that any rights, benefits and duties existing as a result of participation in the Medical Assistance Program shall not be assignable without the written consent of the Department.
5. The Provider shall receive payment based on the Department's reimbursement rate, which shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from charges sent to the Department.
6. The Provider agrees to be fully liable for the truth, accuracy and completeness of all claims submitted electronically or on hard copy to the Department for payment. Provider acknowledges that it understands the laws and handbook provisions regarding services and certifies that the services will be provided in compliance with such laws and handbook provisions. Provider further acknowledges that compliance with such laws and handbook provisions is a condition of payment for all claims submitted. Any submittal of false or fraudulent claim or claims or any concealment of a material fact may be prosecuted under applicable Federal and State laws.
7. The Provider agrees to furnish to the Department or its designee upon demand all records associated with submitted claims necessary to disclose fully the nature and extent of services provided to individuals under the Medical Assistance Program and maintain said records for not less than three (3) years from the date of service to which it relates or for the time period required by applicable Federal and State laws, whichever is longer. The latest twelve months of records must be maintained on site. If a Department audit is initiated, the Provider shall retain all original records until the audit is completed and every audit issue has been resolved, even if the retention period extends beyond the required period.
8. The Provider, if a medical transportation provider, agrees that vehicle operators(s) shall have an appropriate Drivers License and vehicle(s) shall be properly registered.

- | <b>PRINT NAME</b> | <b>SOCIAL SECURITY NUMBER</b> | <b>% OF OWNERSHIP</b> |
|-------------------|-------------------------------|-----------------------|
| <b>PRINT NAME</b> | <b>SOCIAL SECURITY NUMBER</b> | <b>% OF OWNERSHIP</b> |

- Under penalties of perjury, the undersigned declares and certifies that the information provided in this Agreement for Participation is true, correct and complete.**

by: \_\_\_\_\_ by: \_\_\_\_\_  
(Provider Signature) Division of Medical Programs

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_